

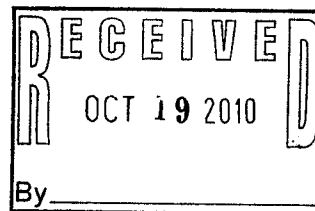
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.



By _____

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
RENEE TWEDT

Political Party (if applicable)
REPUBLICAN

Office Sought
COUNTY TREASURER - STORY

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

712-830-3511

TELEPHONE

10/19/10

DATE SIGNED

I AM FILING A OCTOBER 15TH REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held
STORY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,712.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3,390.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 6,102.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5,851.95

Schedule F: Loan Repayments total (Attach Schedule F)

250.10

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account book statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/02/10	ID# CK# 2204	BRIAN J HOLM 512 ELM AVE STORY CITY, IA 50248	NONE	\$50.00	<input checked="" type="checkbox"/>
08/01/10	ID# CK# 3814	SHAROLYN G GERTSEN BOX 194 STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
08/01/10	ID# CK#	GARY EDWARDS AMES, IA	NONE	50.00	<input checked="" type="checkbox"/>
07/30/10	ID# CK# 7491	WILLIAM SCOTT 209 SONDRIL AMES, IA 50010	NONE	750.00	<input checked="" type="checkbox"/>
07/28/10	ID# CK# 4766	LINDA BADGER 57200 LINCOLN HWY AMES, IA 50010	NONE	100.00	<input checked="" type="checkbox"/>
07/27/10	ID# CK# 2373	KEN MAY 610 8TH AVE SLATER, IA 50244	NONE	50.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK# 11390	MARTIN CHITTY 60831 210TH ST NEVADA, IA 50201	NONE	100.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK#	KENNY MISKELL STORY CITY, IA	NONE	20.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK#	BRIAN AND CHAR JENSEN 13094 530TH AVE STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK#	UNDISCLOSED CASH	NONE	50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1270.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/21/10	ID# CK# 3231	JO NANN TWEDT 14288 630TH AVE ROLAND, IA 50236	MOM-IN-LAW	\$100.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 1404	GM SELLERS BOX 272 STORY CITY, IA 50248	NONE	20.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 3629	DAVID JAMISON 3308 CAMERON SCHOOL RD AMES, IA 50014	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 6933	ALAN HERMANSON 12725 HILLCREST DR STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 1878	CALLI SANDERS 3133 SYCAMORE RD AMES, IA 50014	NONE	25.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 3045	JAYNE LANDE 1116 TWENTY OAKS DR STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 1149	SANDRA CHRISTIAN 1258 PARKVIEW DR STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 4181	JANET MITCHELL 118 OLIVER AVE STORY CITY, IA 50248	NONE	100.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 4165	CAROL LARSON 50381 120TH ST STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 1052	CASEY KAHL 426 GRAND AVE STORY CITY, IA 50248	NONE	20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 515.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/21/10	ID# CK# 8183	DEB SAMPSON 15679 600TH AVE NEVADA, IA 50201	NONE	\$15.00	<input checked="" type="checkbox"/>
07/19/10	ID# CK# 6632	JULIE SKAAR 1121 TIMBERLAND DR STORY CITY, IA 50248	NONE	30.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 2026	SCOTT SAIENGA 120 SUMMIT DR STORY CITY, IA 50248	NONE	100.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 632	MARJORIE GOOKIN 12720 HILLCREST STORY CITY, IA 50248-8603	NONE	200.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 2238	CHRISTINE WOOLSON 519 PENN STORY CITY, IA 50248	NONE	100.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 5284	CHRISTINE MARTI 1021 GRAND AVE STORY CITY, IA 50248	NONE	15.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 5880	ALLEN HOLM 714 GRAND STORY CITY, IA 50248	NONE	75.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK# 8525	JANET HERMANSON 522 STORY APT 101 STORY CITY, IA 50248	NONE	25.00	<input checked="" type="checkbox"/>
07/17/10	ID# CK# 1049	GARY HESTED BOX 11 STORY CITY, IA 50248	NONE	25.00	<input checked="" type="checkbox"/>
07/22/10	ID# CK# 2294	JAROD PETERSON 246 MAPLE NEVADA, IA 50201	NONE	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 635.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/21/10	ID# CK# 5046	KERMIT L MISKELL 12120 GEORGE WASHINGTON CARVER AVE STORY CITY, IA 50248	NONE	\$25.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 2432	MARK WUEBKER 51103 120TH ST STORY CITY, IA 50248	NONE	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK# 8677	SHIRLIE FORTH 17137 510TH AVE AMES, IA 50014	NONE	50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK# 1301	DON FORTHMAN 58927 130TH ST ROLAND, IA 50236	NONE	75.00	<input checked="" type="checkbox"/>
08/06/10	ID# CK# 9815	LAVONNE FRANDBSEN 13749 590TH AVE ROLAND, IA 50236	NONE	20.00	<input checked="" type="checkbox"/>
08/05/10	ID# CK# 2204	NANCY REILLY 3758 N DAKOTA AVE AMES, IA 50014	NONE	25.00	<input checked="" type="checkbox"/>
08/13/10	ID# CK# 6533	LYNN RAHFELDT 335 JUDY DR AMES, IA 50010	NONE	25.00	<input checked="" type="checkbox"/>
08/13/10	ID# CK# 2582	CASEY FRYE 2064 QUAIL RIDGE RD AMES, IA 50010	NONE	50.00	<input checked="" type="checkbox"/>
08/04/10	ID# CK# 6144	JANET BEARDEN 62849 120TH ST ROLAND, IA 50236	NONE	50.00	<input checked="" type="checkbox"/>
08/18/10	ID# CK# 12090	TODD THORSON 511 BROAD ST STORY CITY, IA 50248	NONE	25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 395.00

TOTAL (if last page of this schedule)

\$

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Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/03/10	ID# CK# 11627	HAROLD BRINKMAN 760 14TH ST PL NEVADA, IA 50201	NONE	\$100.00	<input checked="" type="checkbox"/>
09/01/10	ID# CK# 2830	RICHARD W HOENIG 1216 25TH ST AMES, IA 50010	NONE	50.00	<input checked="" type="checkbox"/>
09/20/10	ID# CK#	UNDISCLOSED CASH	NONE	25.00	<input checked="" type="checkbox"/>
09/20/10	ID# CK# 9482	ORLIN HANSON BOX 127 ROLAND, IA 50236	NONE	100.00	<input checked="" type="checkbox"/>
09/27/10	ID# CK# 1255	LINDSAY ELLINGSON 2349 LAKEVIEW DR AMES, IA 50010	NONE	50.00	<input checked="" type="checkbox"/>
09/27/10	ID# CK# 6777	MARILYN HILL 14051 660TH AVE MC CALLSBURG, IA 50154	NONE	50.00	<input checked="" type="checkbox"/>
10/08/10	ID# CK# 1661	KEVIN JACOBS 1022 ELM AVE STORY CITY, IA 50248	NONE	100.00	<input checked="" type="checkbox"/>
10/14/10	ID# CK# 188	JON AUGUSTUS 3028 COTTONTAIL LN AMES, IA 50014	NONE	100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 575.00

TOTAL (if last page of this schedule)

\$ 3390.00

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Page 5 of 5
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/26/10	ID# CK# 1001	INTEGRATED PRINT SOLUTIONS BOX 1863, AMES, IA 50010	CAMPAIGN MERCHANDISE, NOTEPADS, SHIRTS AND LOGOS	\$ 3130.94
10/08/10	ID# CK# 1002	INTEGRATED PRINT SOLUTIONS BOX 1863, AMES, IA 50010	MERCHANDISE, BANNERS, YARDSIGNS	2346.51
09/10/10	ID# CK# 1030	HOWES WELDING 811 S DUFF AMES, IA 50010	STENCIL	288.90
07/26/10	ID# CK# 1000	SIGN IT HERE 1110 ELM AVE STORY CITY, IA 50248	LOGO LETTERING	85.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5851.95
TOTAL (if last page of this schedule)				\$ 5851.95

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

TWEDT FOR TREASURER

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/07/10	ELAINE MOHR 511 NORTH ST MAXWELL, IA 50161	NONE	PARADE CANDY	\$ 200.00	<input type="checkbox"/>
10/12/10	STORY CO REPUBLICAN COMM 413 NORTHWESTERN AVE AMES, IA 50014	NONE	DOOR HANGERS	77.85	<input type="checkbox"/>
10/13/10	STORY CO REPUBLICAN COMM 413 NORTHWESTERN AVE AMES, IA 50014	NONE	1/8 AD IN AMES SUN PAPER	35.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$
312.85TOTAL (if last
page of this
schedule)\$
312.85

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Page 1 of 1
(for Schedule E)